Legislative Testimony Human Services Committee HB 5355 AAC An Advanced Dental Hygiene Practice Pilot Program Tuesday, March 2, 2010 John P. Kelly, DMD, MD

Senator Doyle, Representative Walker and members of the Human Services committee, my name is Dr. John Kelly. I am the full-time Chief of Oral and Maxillofacial Surgery and Director of the Residency Training Program in Oral and Maxillofacial Surgery at the Hospital of St. Raphael in New Haven. I am also the President of the Connecticut Society of Oral and Maxillofacial Surgeons (CSOMS.) Please accept this as my written testimony urging your rejection of House Bill 5258 AAC An Advanced Dental Hygiene Practice Pilot Program, as currently written.

The Executive Committee of the CSOMS is particularly concerned by the absence of existing training programs or even proposed curricula which would support the expansion of duties proposed in this Bill, particularly in areas with which we are directly familiar.

For example, the Bill is predicated on the Competencies proposed by the American Dental Hygienists' Association, which stipulate a 3 credit-hour course in pharmacology as apparently the only special training that would give the ADHP prescribing competence, absurd in light of the training, and experience required of all others with prescribing authority for the drugs and medications proposed.

The Oral and Maxillofacial Surgery specialty-related activity, namely the extraction of teeth, is carefully enumerated in the Competencies for the ADHP, but the curriculum for attaining this competency is totally lacking, there being no existing curriculum to serve as a model and the proposed curriculum being so indistinct that there is no resemblance to the competency for extraction demanded of a dental student.

Until there is a curriculum and training program to support expanded duties of this sort, particularly programs accredited by agencies such as the Commission on Dental Accreditation with expertise in matters of dental education and training (a glaring omission from the proposed Bill,) one can hardly be supportive, even if the overall concept of a mid-level provider might well be in the public interest in the future and even if there may be more limited duties which would be appropriate for a pilot study.

In closing I would like to again thank the Committee for allowing me to testify and would be happy to make myself available, now or at any other time, should you have questions.

Respectfully Submitted,

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